

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	George A. Jackson, et. al	COURT CASE NUMBER	05-823 (KAJ)
DEFENDANT	EILEEN KELLY, I.D. #2884, D.A.G	TYPE OF PROCESS	O/C
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Eileen Kelly, Deputy Attorney General, Carvel State Office Building		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 820 North French Street, 6th Floor, Wilmington, DE 19801		

## SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

George A. Jackson  
SBI#00171250  
S.C.I.  
P.O. Box 500  
Georgetown, DE 19947

Number of process to be  
served with this Form - 285Number of parties to be  
served in this case

11

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*George A. Jackson*☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

10/25/06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

District  
of Origin

No. \_\_\_\_\_

District  
to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

*hjr*

Date

11-2-06

I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Keith Brady*

Address (complete only if different than shown above)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

11/28/06

Time

am

pm

Signature of U.S. Marshal or Deputy

*OF*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: